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CONFIRMATION NO. 1648

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/574,819  | <b>FILING OR 371(c) DATE</b><br>05/19/2000<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1647   | <b>ATTORNEY DOCKET NO.</b><br>NIH0099.001C1 |                                |
| <b>APPLICANTS</b><br>Frank P. Luyten, Rockville, MD;<br>Malcolm Moos JR., Bethesda, MD;<br>Steven Chao-Huan Chang, Chicago, IL;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>PR This application is a CON of 08/836,081 07/28/1997 ABN<br>which is a 371 of PCT/US94/12814 11/07/1994   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/16/2000</b>  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>PR</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>26                   | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Nancy W. Vensko<br>Knobbe, Martens, Olson & Bear, LLP<br>2040 Main Street<br>14th Floor<br>Irvine, CA 92614   |   |                               |   |   |                                |
| <b>TITLE</b><br>Cartilage-Derived morphogenetic proteins  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1032  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |